

# Women's Behavioral Health Consult Order

Submit this form by fax to the number below, **OR** gather all required information and call the referring physicians hotline.

## Referring physicians hotline

Phone: 216.444.4643 | Alternate phone: 855.733.3712 | Fax: 216.448.9738

## Patient information

Patient name: \_\_\_\_\_

Is the patient at least 18 years old?  Yes  No — Hard stop. If no, please refer to Cleveland Clinic Pediatric Psychiatry.

Birthdate: \_\_\_\_\_ MRN: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Gender: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Insurance name/plan: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective date: \_\_\_\_\_

Subscriber name: \_\_\_\_\_ ID #: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

## Life stage related to current symptoms

(Select all that apply.)

- Pregnant  Postpartum  Pre-conception  Pregnancy loss  
 Premenstrual dysphoric disorder  Menopause

## Current symptoms

(Select all that apply.)

- Depression  Anxiety/OCD  Psychosis  Suicidal thoughts  
 Other (please specify): \_\_\_\_\_

## Mental health history

(Select all that apply.)

- Previous mental health hospitalization  Previous suicide attempt  
 History of perinatal depression/anxiety  Depression  Anxiety  
 Obsessive compulsive disorder  Psychosis  Schizophrenia  
 Bipolar disorder  Other (please specify): \_\_\_\_\_

## Substance use

Is the patient currently abusing substances?

- Yes — Hard stop. Please request a chemical dependency consult and instruct the patient to call the Cleveland Clinic Alcohol and Drug Recovery Center to schedule an appointment: 216.425.7411.  
 No

## Mental health services requested

(Select all that apply.)

- Medication management  Counseling

## Referring physician information

Referring physician name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Referring provider type:  OB/GYN  Primary care  Pediatrics  Women's Behavioral Health  
 Psychiatry  Psychology/counseling

Office address: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_

## Questions?

Contact the referring physicians hotline, 24 hours a day, 7 days a week, at **855.REFER.123 (855.733.3712)**. You will receive confirmation once the appointment is scheduled.

Thank you for referring to Cleveland Clinic.